

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6	1	1	1	1	1
TOTAL DEP.	14	1	1	1	1	1
TOTAL CLAIMS	20	1	1	1	1	1

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TOTAL IND.		1	1	1
TOTAL DEP.		1	1	1
TOTAL CLAIMS		1	1	1